Division of Co orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COVER LETTER

TO:		gistration : vision of C	Section orporations	,		
		SOFIA C	ATALINA, LLC			
SUB.	JECT:		Name of Li	mited Liability Company	,	
The e	nclosed	Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Pleas	e return	all corresp	condence concerning this matte	er to the following:		
			GRYSKA SOTOLONGO			
				Name of Person	<u></u>	
	,		THOMAS G. SHERMAN	۱, F.A.		
				Firm/Company		
			90 ALMERIA AVENUE			
			Address			
			CORAL GABLES, FL 33	134		
			City/State und Zip Code			····
			GRYSKA@UNIONTITLE	SERVICES.COM	ual report notific	ation)
For fu	rther int	ormation o	concerning this matter, please o		uur repoti nomi	, and a second
GRYS	KA SO	TOLONG	o .	305	448-5898 E XT	
		Name o	f Person	Aren Code	Daytime 7	Celephone Number
Enclos	ed is a o	heck for t	ne following amount:			
= \$ 25	5.00 Fi1	ing Fe€	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAILI	NC ADDRESS.	an an an	Programme and	

MALLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	lability Company as it now appears on a	r records.)	
1 A)	florida Limited Liability Company)		
The Articles of Organization for this Limited Liabil Florida document number L07000124325	ity Company were filed on 08/16/20:	10	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company here;		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	2		Fig. 3
 If amending the registered agent and/or registered agent and/or the new registered office registered. 	egistered office address on our r address here:	ecords, <u>enter ti</u>	ne name of the se
Name of New Registered Agent:			E
New Registered Office Address:			ور الاران الاران
	Enter Florida street		RIUA RIUA
	City	, Florida	Zip Code
	-		•

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action Title <u>Address</u> Name MGRM Francisco Melo Rodriguez 605 W. Flagler Street □ Add Miami, FL 33130 **■** Remove ☐ Change 605 W. Flagler Street Francisco Melo Rodriguez MGR **≅** Add Miami, FL 33130 ☐ Remove Change _□ Add _□ Remove ☐ Change ☐ Add Themover 00 H 8:06 □ Change □ Add 🗆 Всшоче ☐ Change

Page 2 of 3

MGR = Manager

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		RA D	90 :	•
Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.	nt to 685 (202 (3)(2)
1e rec Th e	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier	of:	
Dated_	M. J.			
	Signature of a impulser or authorized representative of a member			
	Thomas G. Sherman, Esq.			

Page 3 of 3

Filing Fee: \$25.00

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